

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|--------------------|--------------|-----------------|
| FEE DETERMINATION | <i>AS</i> | | <i>12/02/99</i> |
| O.I.P.E. CLASSIFIER | | | <i>12/31/99</i> |
| FORMALITY REVIEW | <i>[Signature]</i> | <i>68971</i> | <i>12/30/99</i> |

BEST AVAILABLE COPY

INDEX OF CLAIMS

☒ Rejected N Non-elected
☐ Allowed I Interference
☐ (Through numeral).... Canceled A Appeal
☐ Restricted O Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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